


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000098718		
1. Entity Name STONE'S MARINE DETAILING, INC.		

FILED

2008 NOV 24 PH 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 156 LAKE DORA DR. WEST PALM BEACH, FL 33411	Mailing Address <del>1905 WHEELER RD.</del> NORTH PALM BEACH, FL <del>33408</del>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 156 LAKE DORA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WEST PALM BEACH, FL	
Zip	Country	Zip 33411	Country

11192008 REIN-P CR2E098 (1/07)

4. FEI Number 26-1100744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONE, DAMION 1905 WHEELER RD NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name DAMION STONE Street Address (P.O. Box Number is Not Acceptable) 156 LAKE DORA DR. City WEST PALM BEACH FL Zip Code 33411	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Damion Stone DATE 11-20-08  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, DAMION 1905 WHEELER ROAD NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, DAMION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 LAKE DORA DR. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, BRANDI 1905 WHEELER ROAD NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONE, BRANDI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 LAKE DORA DR. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HEWLETT, CHRISTIAN 4934 SE HEARTLEAF TERRACE HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138239305 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/24/08--01062--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Damion J. Stone DATE 11-20-08 DAYTIME PHONE # 561-294-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR